



Time Off Request Form

Employee Name: _____ Date: _____

Dates/Hours requested: _____

Type of leave: PTO Leave without pay Extended Absence Disability Bank
(attach required documentation)
 Floating holiday

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Instructions:

- Submit your time off request to your supervisor for approval.
- Time off requests should be submitted at least 5 business days before leave is anticipated, when possible. Last minute/emergency requests will be considered for approval by the employee's immediate supervisor based on the situation's circumstances.
- All time off requests must be approved before leave is taken.
- Employees will receive a supervisor-signed copy of the request form if time off is approved.